

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041326

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

352

Primary Registration District No.

4518

Registrar's No.

95

FILED NOV 5 1962

1. PLACE OF DEATH

a. COUNTY

Taney

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hollister

Length of stay in lb
years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Taney

c. CITY
OR TOWN Hollister

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Hollister

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

CHARLES

MELVILLE PUDERBAUGH

4. DATE OF DEATH

Month

Day

Year

Oct. 26, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married

Never Married ☐
Widowed ☐

8. DATE OF BIRTH

11/20/1887 74

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Month 11 Days 3 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired

10b. KIND OF BUSINESS OR INDUSTRY
U.S. Army

11. BIRTHPLACE (City and state or country)
Indiana

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Simeon Puderbaugh

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Cecile Puderbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes 1906-1938

16. SOCIAL SECURITY NO.
none

17. INFORMANT

Address

Mrs Cecile Puderbaugh Hollister, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Coronary infarction
Sec Anemia

INTERVAL BETWEEN ONSET AND DEATH

1 hr
5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? (YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9:45 p.m. 10-26-62 to Oct 26, 62 and last saw him alive on Oct 26-62
Death occurred at 7:45 p.m. 10-26-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

10/31/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Springfield, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Walter Cobb Branson, Mo

25. DATE RECD. BY LOCAL REG.

10-2-62

26. REGISTRAR'S SIGNATURE

Deleu Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1060

2 1060

3

4 0

5 1

6

7 1

8 2

9 293X

10

11

12 90-0

13 1-0

JAN 9 1963

NOV 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Blauvelt Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.